



**CITY OF ALEXANDRIA**  
**CODE ENFORCEMENT BUREAU**  
301 KING STREET, SUITE 4200  
ALEXANDRIA, VIRGINIA 22314  
(703) 838-4360 FAX (703) 838-3880

**PLUMBING APPLICATION**

**IMPORTANT - Applicant to complete ALL applicable items.**

**MASTER MUST SIGN APPLICATION**

**Shaded boxes are FOR OFFICIAL USE ONLY.**

<b>Permit Number</b>	1. Project Name		<b>Master Permit</b>	
2. Project Address		Floor/Suite Number	3. Date Applied	
4. Owner		5. Phone: Home - Work -		
6. Owner's Mailing Address (if different from project address)				
7. Work Done By (check one) <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <b>(for Contractors, MASTER's signature is mandatory in box #13 below)</b>				
8. Contractor Name		9. Phone	10. Business Address	
11. Master's Name		12. Master's Card Number	13. Master's Signature	
14. State Contractor License Number _____ Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		15. Business License Number _____ Reciprocity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
16. Code Edition	17. Use Group	18. Type of Construction		
19. <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	20. Type of Work: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Other _____ Location: <input type="checkbox"/> Interior <input type="checkbox"/> Exterior			
21. Water Service Size _____ inches		22. Estimated Cost \$		
23. Project Description				
AUTO WASHERS <input type="checkbox"/>	ICE MAKERS <input type="checkbox"/>	SHOWERS <input type="checkbox"/>	WATER SERV/REPAIR <input type="checkbox"/>	
BACKFLOW PREVNTR <input type="checkbox"/>	INTERCPTRS-GREASE <input type="checkbox"/>	SINKS-KITCHENS <input type="checkbox"/>	WATER STATIONS <input type="checkbox"/>	
BATHTUBS <input type="checkbox"/>	JACUZZIS <input type="checkbox"/>	SPAS <input type="checkbox"/>	YARD DRAINS <input type="checkbox"/>	
BIDETS <input type="checkbox"/>	LAUNDRY TUBS <input type="checkbox"/>	STEAM FOOD WARMERS <input type="checkbox"/>	MISC. PLBG. ITEMS <input type="checkbox"/>	
DISHWASHERS <input type="checkbox"/>	LAVATORIES <input type="checkbox"/>	SUMP PUMPS <input type="checkbox"/>	SEWER CONNECTIONS <input type="checkbox"/>	
DRINKING FOUNTAINS <input type="checkbox"/>	OPEN SITE DRAINS <input type="checkbox"/>	SWIMMING POOLS <input type="checkbox"/>	LAWN SPRINKLERS <input type="checkbox"/>	
FLOOR DRAINS <input type="checkbox"/>	PR/REDUCTION VALVES <input type="checkbox"/>	URINALS <input type="checkbox"/>	OIL SEPARATORS <input type="checkbox"/>	
GARBAGE DISPOSALS <input type="checkbox"/>	ROOF DRAINS <input type="checkbox"/>	WATER CLOSETS <input type="checkbox"/>	OTHER _____	
HOSE BIBBS <input type="checkbox"/>	SAUNAS <input type="checkbox"/>	WATER COOLERS <input type="checkbox"/>		
HOT TUBS <input type="checkbox"/>	SERVICE SINKS <input type="checkbox"/>	WATER HEATERS <input type="checkbox"/>		
HUMIDIFIERS <input type="checkbox"/>	SEWER CAPS <input type="checkbox"/>			
ICE MACHINES <input type="checkbox"/>	SEWER LINE/REPAIRS <input type="checkbox"/>			
<b>AFFIDAVIT</b> I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Uniform Statewide Building Code and all applicable ordinances.  _____ Signature of Owner or Authorized Agent  _____ Printed Name of Person Applying for Permit  _____ Address  _____ Phone/Pager		<b>APPROVALS</b>  Engineer  Date Approved:  Date Issued:  Engineer Aide Rec'd By: Issued By:  Drawings Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>PERMIT FEES</b>  <b>TOTAL \$</b>  Deposit Rec'd \$  Deposit Date  Notes: